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**Committee on the Rights of the Child**
**Seventy-second session**

**Summary record of the 2107th meeting**
Held at the Palais Wilson, Geneva, on Wednesday, 18 May 2016, at 10 a.m.

*Chair*: Mr. Mezmur

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Consideration of reports by States parties (*continued*)

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*The meeting was called to order at 10 a.m.*

**Consideration of reports by States parties** .(*continued*) (CRC/C/WSM/2-4; CRC/C/WSM/Q/2-4)

*Combined second to fourth periodic reports of Samoa* (continued)

1. *At the invitation of the Chair, the delegation of Samoa took places at the Committee table.*

2. **Mr. Devoe** (Samoa), responding to questions about disability raised at the previous meeting, said that Samoa had been represented at two World Games and one Asia Pacific Games since the establishment of Special Olympics Samoa in 2009, an achievement that reflected its commitment to the provisions of article 30 of the Convention on the Rights of Persons with Disabilities. The Ministry of Education, Sports and Culture allocated an annual grant to Special Olympics Samoa, specifically for its sport in the community programme, and also to the Fiafia Sports Programme, which sought to engage children with disabilities in sporting activities in mainstream schools. In addition, events were organized for mixed teams of children with and without disabilities in a number of sporting disciplines, in partnership with various other national sporting bodies.

3. As required under article 24 of the Convention on the Rights of Persons with Disabilities, the Government's inclusive education policy did not differentiate between forms of disability; the relevant laws and programmes were all-encompassing.

4. The national human rights institution was preparing a report on disability that focused on rural areas in particular and would result in a comprehensive review of national disability policy. Invaluable assistance for that exercise was being provided in the form of resources and expertise from the Australian Department of Foreign Affairs and Trade.

5. The National Building Code was also currently under review, the aim being to guarantee access to buildings for persons with disabilities through the provision of ramps, lifts and other amenities. The needs of persons with disabilities were mainstreamed in the National Transport Sector Plan, which included provision for designated parking, footpaths and road crossings. Access to sanitation for persons with disabilities in rural areas was not an issue.

6. The needs of children, including those with disabilities, were integrated into the National Disaster Management Plan and gender equity and disability concerns were addressed in the National Policy for Combating Climate Change. Arrangements between NGOs and the Ministry of Health ensured that consultations and medication were available for children with disabilities free of charge. In rural areas, community-based rehabilitation and early intervention programmes for such children were provided by NGOs and subsidized by the Government. Further government partnerships were being set up to improve those services and provide additional funding.

7. Ratification of the Convention on the Rights of Persons with Disabilities was a priority for the Government of Samoa and the disability taskforce was aiming to conclude the process by December 2016. The Government hoped that its many efforts to promote inclusion in education, sports and community life would soon end any remaining negative perceptions and stigmatization.

8. He wished to draw the Committee's attention to the new National Disability Centre, opened in 2015, which had been funded by bilateral agreements between the Government and donor partners. The Centre, which, he believed, was the first of its kind in the Pacific region, was a testament to the Government's ongoing commitment to protecting and promoting the rights of all children in Samoa.

9. **Mr. Cardona Llorens** said that, while he appreciated the State party's commitment to the Convention, he was concerned that not all children with disabilities were in inclusive education, or indeed any form of education. Moreover, some children with disabilities were abandoned by their families and placed in institutions. That situation was far from perfect and he would welcome an explanation of the specific challenges the State party faced in that area.

10. **Ms. Barlow-Schuster** (Samoa) said the Government was aware that it needed to do much more in the area of mental health and understood the cost of inaction. Its biggest challenges lay in health workforce development and reframing mindsets. The authorities also recognized the importance of violence-free homes to adolescent mental health and well-being and, as a corollary, the need to focus efforts on the primary determinants of positive parenting. Following the construction of its new hospital, the State now had a designated mental health space, but attracting child psychologists and other specialist health-care professionals was proving difficult. However, an expert alcohol and drugs clinician had been appointed to support the new Alcohol and Drugs Court and to evaluate and address the persistent challenges in that area.

11. Suicide rates showed mixed trends and a better understanding of the primary causes was needed. A report on those issues was currently being prepared by the national human rights institution. Referrals to the National Health Service could be made by NGOs and the private sector and were free of charge. Although there was no dedicated treatment facility, the mental health unit did have a dedicated doctor. The Goshen Trust did not have the capacity to offer dedicated services for children.

12. On a positive note, mental health was a priority area and was to be the subject of the next report issued by the national human rights institution, once it had concluded its report on disability. The new alcohol policy highlighted health impacts and the importance of social responsibility, and the possibility of increased taxes on alcohol was being considered. The Government expected to be able to report further action and improvement in that area at the end of the next reporting period.

13. **Ms. Aho Assouma** said she was concerned that the new mental health unit had only one non-specialist doctor and lacked specific facilities for children. She would like to know what care and support was available for children who were victims of violence and sexual abuse; whether the authorities had plans to recruit any child psychologists; and why the State party faced problems in that area. Had any child psychologists been trained in Samoa and, if so, what had become of them?

14. **Ms. Onesemo-Tuilaepa** (Samoa) said that NGO-run support and reintegration services were available for children who were victims of sexual abuse and that the Government provided capacity-building support for those services. Finding qualified personnel was a challenge across the board and the region as a whole suffered from brain drain. People who left Samoa to train in other countries often did not return. To achieve better outcomes, the lack of specialized personnel in all areas, and particularly in child development, needed to be addressed. The delegation would be pleased to hear any suggestions, ideas and lessons learned by other countries in that regard.

15. While progress had been made in improving the situation of children with disabilities, much remained to be done. The Government of Australia had provided resources for basic screening services that would allow for the early identification of children with developmental needs. Now in its third year, the programme was being run within the formal health and education sectors as well as in partnership with community-based service providers. The Government's main role was to facilitate resource mobilization. Service offerings were being built from the ground up; just a few years previously, early diagnostic services did not even exist in Samoa. Many attempts had been

made to address the shortage of specialized medical professionals but none had been successful. Work on Pacific-wide and South-South labour mobility was under way, but was still in the early stages.

16. There were huge obstacles to the introduction of legislation banning corporal punishment in family settings, since 80 per cent of Samoans believed that the corporal punishment of children was an integral part of being Samoan and being Christian. Work to reverse that entrenched mindset needed to be driven by religious and traditional leaders. Once the statistics showed that support had dropped below 50 per cent, the introduction of legislation would be considered.

17. The apparently high rate of intercountry adoptions relative to internal adoptions was due to the large number of informal adoptions by extended family members that were not reflected in the statistics. Intercountry adoptions also frequently involved relatives living overseas who could provide better economic opportunities while maintaining the child's cultural connections and family relationships.

18. The Child Care and Protection Bill envisaged two forms of alternative childcare: placement either with extended family members or with licensed childcare providers. Licensed childcare providers were governed by a regulatory framework that encompassed quality assurance, standards of care and personnel qualifications and specializations. The quality assurance framework for alternative childcare provided by family members was still being mapped out. There had been only one case of a child being placed in State care. That placement had been done confidentially and the child had been placed with a family that was part of a community village representative network. During the period of temporary care, education and health care had continued to be provided and the child's progress had been monitored and reported to the courts.

19. The fact that Samoa had not ratified the Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption reflected the State's pragmatic approach. Ratification of the optional protocols to the Convention on the Rights of the Child had been its top priority, and its focus would next turn to the Convention on the Rights of Persons with Disabilities. Ratification of the Hague Convention and other Conventions would follow in due course.

20. **Mr. Rodríguez Reyes** asked the delegation to provide the information requested previously about teenage suicides.

21. **Ms. Khazova** asked whether local authorities were made aware of cases of informal adoption by family members; whether there was any monitoring of the adoptive families in such cases; and how informal adoptions worked in practice.

22. **Mr. Gurán** (Country Rapporteur) said that he would appreciate an explanation of the difference between informal adoption and alternative childcare provided by family members. He would also like to know whether family members had any form of training; whether there was a monitoring system in place; whether the child's opinion was taken into account; what procedures were involved; and who was responsible for decision-making.

23. **Ms. Onesemo-Tuilaepa** (Samoa) said that the specific concept of adoption did not exist in Samoan tradition. Informal adoption was a fluid process whereby parents in a rural area might send children to live with relatives in an urban area where better schooling was available. The children might return to their parents for weekends and holidays, although arrangements varied. Lessons had been learned from past cases and efforts were being made to establish a mechanism for tracking informal arrangements and intervening where necessary. The main challenge lay in balancing the need for an appropriate regulatory framework against the need to minimize interference with the family ties that formed the basis of Samoan culture. Western models of alternative care systems were being examined,

and although it was unlikely that all the care standards contained therein would be adopted in Samoa, safety nets would be put in place in order to ensure the early identification of children at risk.

24. Research would be conducted under the 2008-2018 Health Sector Plan to identify the reasons for the rise in teenage suicide and inform future interventions. Current measures were focused on prevention, the establishment of effective response systems and ongoing monitoring of "high-risk" cases.

25. **Ms. Ayoubi Idrissi** (Country Rapporteur) asked what structures were in place to care for children who had been abandoned by their parents.

26. **Mr. Rodríguez Reyes** said that he would like details of the preventive measures being used to address the problem of teenage suicide.

27. **Ms. Onesemo-Tuilaepa** (Samoa) said that helplines run by NGOs offered assistance and counselling to vulnerable young people. Abandoned children were usually cared for by the Samoa Victim Support Group. Parents in difficult situations sometimes placed their children in the care of that organization on a temporary basis, and on the rare occasions that those children were not returned to their families, alternative solutions were sought in cooperation with the Ministry of Women, Community and Social Development and the Office of the Attorney General. Measures were being taken to improve the country's alternative care mechanisms.

28. **Ms. Ayoubi Idrissi** said that she would welcome more information regarding the placement of abandoned children in care.

29. **Ms. Onesemo-Tuilaepa** (Samoa) said that all abandoned children and child victims of violence were provided with accommodation and comprehensive education and health-care services by the Samoa Victim Support Group and other relevant NGOs. The Child Care and Protection Bill would establish a legal framework to regulate and oversee the work of those organizations, monitor alternative care arrangements and ensure compliance with the Convention.

30. Children aged under 5 years old were entitled to free treatment in public hospitals and their medication was subsidized by the Government. Persons with permanent health issues and children with disabilities were exempt from paying hospital fees. However, she recognized that free medical services should be extended to older children in accordance with the Convention.

31. Seven of the country's 12 district hospitals were open around the clock and 5 were open five days a week; all of them faced a shortage of specialized staff. To ensure access to health care in rural areas and to address the high incidence of non-communicable diseases (NCDs), the recently launched PEN *Fa'a Samoa* initiative — the World Health Organization Package of Essential NCD Interventions (PEN) "the Samoan way", i.e. adapted to reflect Samoan culture and customs — was providing community-based health-care services including screening and immunization. The initial response to the initiative had been very positive. Various mobile clinics were also in operation. Given that many people in Samoa had limited access to health-care facilities, it was important to further develop outreach services of that kind.

32. A national breastfeeding policy was in place in the public sector, under which designated breastfeeding areas were provided in the workplace and breastfeeding mothers were able to benefit from flexible working hours. Measures were being taken to increase awareness of the importance of breastfeeding among both mothers and employers and the use of breast-milk substitutes was discouraged. Maternity leave provisions had been enhanced in the private sector but had not yet reached the required standard.

33. Although abortion was illegal in cases of rape, in practice terminations of pregnancy were permitted in such situations in order to preserve the woman's physical and mental health. Although she recognized that abortion should be a choice for all women, in Samoa it was important to approach the issue with caution. In a recent public consultation linked to a review of legislative compliance with the Convention on the Elimination of All Forms of Discrimination against Women, all stakeholders consulted had indicated that the country's abortion law should not be amended and it was vital to address such attitudes before implementing legislative changes.

34. **Ms. Aho Assouma** said that she would be interested to know why the rate of vaccination had fallen in the State party and what the current rate was. She also wished to know whether all routine vaccine reagents were available; whether there were dispensaries in rural areas; whether rural health centres were run by qualified personnel; whether antiretroviral treatments and services to deal with mother-to-child HIV transmission were available in rural areas; what procedures were in place to curb mortality rates associated with caesarean sections; and whether new mothers received breastfeeding assistance from trained midwives.

35. **Mr. Gurán** asked whether there were plans to extend free hospital care to older children.

36. **Ms. Onesemo-Tuilaepa** (Samoa) said that, while it was vital to provide free hospital care to all children under 18 years of age, measures must be taken in a pragmatic manner in order to ensure their long-term sustainability and avoid jeopardizing other important priorities.

37. According to data for 2012, immunization rates had fallen to between 60 and 70 per cent, but the health authorities and community women's groups were working to increase that figure to 99 per cent. In rural areas, primary health care, including immunization services, was provided by nurses. However, an effective referrals system was in place, ensuring that serious cases could be transferred to national hospitals and doctors could be called on for assistance when required. Owing to the shortage of medical personnel, doctors from the private sector were contracted to visit rural hospitals on a monthly basis.

38. Samoa had a very low prevalence of HIV and focused instead on addressing its high rate of sexually transmitted diseases (STDs). The 2011-2016 National HIV and AIDS Policy would shortly be reviewed in order to identify the future challenges, including those related to mother-to-child HIV transmission.

39. Measures to address child sexual abuse were implemented primarily by NGOs and community associations, but with support from the Government. The Government was looking to expand and improve its interventions in that area, including its Prevention of Sexual Violence Awareness programmes and its positive parenting programmes, by providing increased resources. Supporting advocacy work was being carried out as part of the work programme of the National Coordinating Committee for the Convention on the Rights of the Child. The Government did not usually intervene directly in the area of sexual abuse, owing to a lack of resources, but it had a key role in supporting the work of relevant organizations.

40. **Ms. Ayoubi Idrissi** asked how many cases of child sexual abuse had been dealt with by NGOs, including, in particular, the Samoa Victim Support Group; whether there had been any court rulings related to such abuse; whether the State monitored the care provided to child victims of sexual abuse; and what was being done to rehabilitate such children. Expressing deep concern about the issue of incest, she enquired whether victims were rehabilitated and welcomed back into their communities and families.

41. **Ms. Sandberg** asked whether compulsory sexual and reproductive health education was included in the school curriculum.

42. **Ms. Onesemo-Tuilaepa** (Samoa) said that, because other important educational reforms were ongoing, comprehensive sex education had yet to be included in the national curriculum and was currently taught as part of health and physical education. However, programmes were in place to equip parents with the necessary knowledge and skills to discuss sexual and reproductive health with their children at home. That approach was considered appropriate to the social context in Samoa and would be maintained until sex education could be incorporated in the national curriculum.

43. The Samoa Victim Support Group had dealt with a total of 90 cases of child sexual abuse. Currently, the Family Court monitored the standard of care provided to children under the guardianship of that organization but the Child Care and Protection Bill would establish a specific legal framework for that purpose. Child victims of incest were also placed in the temporary care system and the Family Court had authority to decide whether they could be safely returned to their families.

44. **Ms. Aho Assouma**, noting that the reported prevalence of HIV/AIDS in the State party was rather low, asked whether pregnant women and young people were offered free HIV screening on a systematic basis. Were specific measures taken to support children affected by HIV/AIDS and their mothers?

45. **The Chair** asked the delegation to provide an exact figure for HIV prevalence in the State party.

46. **Ms. Onesemo-Tuilaepa** (Samoa) said that, according to recent data, there had been only 23 cases of HIV in Samoa. Unfortunately, very few people were screened on a voluntary basis owing to the stigma attached to infection. Resources were being invested in public awareness-raising campaigns to encourage voluntary testing. Pregnant women were subject to compulsory HIV and STD screening during prenatal consultations but prenatal care was not accessed by a large number of women.

47. Research was currently being carried out into the causes of school dropout, which was particularly common among boys in secondary education. It remained unclear whether the issues of sexual harassment and school dropout were linked. The Ministry of Education, Sports and Culture was working with the Government of Australia to develop a national safe schools policy.

48. Under the 2009 Education Act, a team of police officers, officials of the Ministry of Women, Community and Social Development and the Ministry of Education, Sports and Culture and village representatives had been set up to monitor school attendance. Cases of non-attendance were reported to the Ministry of Education, Sports and Culture, which worked with the families concerned to address the issue. Where the Ministry was unsuccessful in that approach, the matter was referred to the courts by the police. Since 2009, the courts had dealt with three such cases and had issued warnings to the parents concerned. Work to achieve the economic empowerment of vulnerable parents who sent their children to work as street vendors rather than to school was ongoing.

49. **Ms. Aldoseri** asked whether children were encouraged to engage in the democratic process at school, including through student councils; whether their views were respected with regard to curricular and extra-curricular activities; and whether school curricula covered human rights issues.

50. **The Chair**, turning to the issue of early childhood education centres and inclusive education programmes, said that information on how educational services provided by civil society organizations were regulated and how quality was assured would be welcome.

51. **Ms. Onesemo-Tuilaepa** (Samoa) said that a national early childhood education policy would shortly be finalized, under which early childhood education centres would be incorporated into the State-run education system and would be covered by the 2009 Education Act and the relevant standards, requirements and quality assurance frameworks. Work was under way to build the capacity of actors in the early childhood education sector to meet those standards and requirements.

52. As of 2009, there had been 20 cumulative cases of HIV/AIDS and 8 deaths. That number had included two children infected through mother-to-child transmission. Of the 12 persons living with AIDS at that time, 6 had been receiving antiretroviral drugs through the public health system and 2 through the private health system. A further three patients had not required treatment because of a low viral load and one person had been refusing to receive treatment. An upcoming review of the current HIV/AIDS policy would provide information on progress made in that area.

53. The national education system was currently being overhauled and work was ongoing to improve the quality of teaching. However, no action to introduce human rights issues into curricula had yet been taken. The national authorities recognized the importance of ensuring that children had the knowledge and skills required to fully realize their rights. However, the transition from a traditional culture in which it was believed that children should be seen but not heard had to be both gradual and carefully managed.

54. Economic growth and job creation were top priorities under the 2016-2021 National Strategic Development Strategy. Work was needed to achieve cross-cutting policy cohesiveness, improve implementation, monitoring and evaluation capacities and build robust data systems. The State did not have the resources to set up a large-scale welfare system. The percentage of the population living below the poverty threshold had fallen from 27 per cent in 2011 to 24 per cent in 2015. Only senior citizens received State benefits but funding provided by development partners such as the United Nations was used to help vulnerable families of children with disabilities, single mothers and parents of child vendors to set up microbusinesses or find employment.

*The meeting was suspended at 11.30 a.m. and resumed at 11.45 a.m.*

55. **Ms. Onesemo-Tuilaepa** (Samoa) said that the national immunization rate currently stood at 87 per cent. The periodic report contained information on child abandonment and the Samoan Victim Support Group. No information on foreign migrant workers residing in Samoa was currently available. The authorities focused on Samoan nationals employed in the horticultural sector in Australia and New Zealand under a temporary labour mobility scheme and were endeavouring to support them while they were abroad, facilitate their reintegration into Samoan society and limit risks relating to, among other things, STDs.

56. The 2007 Young Offenders Act covered remand requirements for children and provided that minors could be held in custody pending bail for no longer than a week. Custodial sentences were handed down in cases involving minors only as a last resort or if there was no reasonable alternative, and were served in a residential youth facility. All cases involving young offenders were brought before the Youth Court and, although judges had discretionary powers to refer cases involving serious offences, such as murder or sexual assault, to the Supreme Court, those powers were rarely exercised. There was no record of any girls having committed offences or having been imprisoned in the past ten years. Young offenders were generally ordered to take part in programmes run by the probation service or by NGOs. For those that were sentenced to a term of imprisonment, work was ongoing, with support from the Government of New Zealand, to establish a separate correction service and introduce offender classification systems and training and rehabilitation programmes. A new residential centre was being built to supplement the Olomanu correctional facility and would be completed by the end of 2017. Under the

provisions of the 2013 Prisons and Corrections Act, young persons held in detention must be treated in accordance with the Convention on the Rights of the Child.

57. The Law and Justice Sector was currently engaged in the development and implementation of a new plan to improve access to justice, crime prevention, rehabilitation and reintegration and the availability of community law centres. Officials from New Zealand were providing training to correction service officers, while a number of NGOs and the Ministry of Justice and Courts Administration ran programmes at the Olomanu correctional facility. Prisoner profiling and training needs analysis tools had also been introduced to help build the capacity of correction service officers. New bills on sentencing and criminal procedure had been drafted that made provision for offenders under the age of 18 years and were in line with the Convention. The 2007 Young Offenders Act would be amended to align it with the wider domestic legal framework.

58. **Ms. Winter** asked when the new legislation referred to would come into force. She would appreciate clarification as to whether Ms. Onesemo-Tuilaepa's comments had been related to custodial bail. If that was the case, she would like information about the associated conditions and would like to know whether persons who lacked the financial resources to pay for custodial bail could be granted conditional bail or were immediately placed in pretrial detention.

59. **Ms. Ayoubi Idrissi** asked what specific measures were being taken to improve the situation of children who were held alongside adult detainees, forced to carry out compulsory prison work in difficult conditions that sometimes gave rise to health issues, and deprived of training that would ensure their rehabilitation and reintegration. Information on courses for prison staff, the number of participants and their average duration would be welcome.

60. **Ms. Aho Assouma** asked what specific measures had been taken to make provision for any girls who might be brought before the courts in the future; whether there was a children's court, presided over by a children's judge and specialized judicial officials; and whether social workers and specialized educators had been trained to assist minors in conflict with the law.

61. **Ms. Barlow-Schuster** (Samoa) said that a dedicated youth court, presided over by a judge experienced in juvenile justice issues, had been established. The Ministry of Justice and Courts Administration ran a number of non-custodial programmes for youth offenders. Remand was generally non-custodial in nature. The Olomanu correctional facility was geographically isolated and difficult to access and work on the youth offender classification system had not yet been completed. The national human rights institution produced a detention inspection report every six months; however, more needed to be done to monitor the effectiveness of the programmes implemented at the Olomanu correctional facility and provide youth offenders with vocational training.

62. **Ms. Onesemo-Tuilaepa** (Samoa) said that the bills on sentencing and criminal procedure and a number of amendments to the 1961 Evidence Act should enter into force by the end of 2016. The judiciary had made efforts to improve the treatment of child victims and witnesses in legal cases, including through the use of closed-circuit cameras and the installation of separate accesses to buildings for court appearances. In an initiative funded by the United Nations Children's Fund (UNICEF), police officers from New Zealand had carried out training sessions to teach child-friendly interview techniques to the Samoan police. The executive branch had already taken into account the recommendations made in a report on juvenile justice and the treatment of child victims and witnesses submitted by the national human rights institution. The relevant recommendations of the Committee would be most welcome. When both the perpetrator and the victim of a sex crime were children, the fast-track system provided under the 2007 Young Offenders Act

was applicable. The Family Violence Court established in 2013 held sittings once a week and heard up to 25 cases per sitting.

63. **Ms. Stowers-Ah Kau** (Samoa) said that labour and employment relations legislation was enforced by trained staff in the labour inspectorate, which benefited from support for its continuing development from the International Labour Organization (ILO). There was a legislative gap in respect of some children who worked as street vendors or hawkers, since at present such activities were expressly prohibited only during school hours, but the Child Care and Protection Bill would fill that vacuum. More importantly, the cause of the phenomenon — economic vulnerability — must be addressed. The Government considered the reduction of economic vulnerability to be a priority for the next five years and was making efforts to build on assessments carried out by ILO to inform and validate strategies to increase economic security among families identified as being at risk, for example, through the development of small businesses and work placements. A programme funded by the Government of Australia known as the Samoa Women Shaping Development Programme and another programme funded by the United Nations had helped to raise economic empowerment. Samoa had ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography and was reviewing its laws to ensure compliance with that instrument.

64. **Ms. Ayoubi Idrissi**, noting that the Government had drawn up a list of types of employment that were considered hazardous, asked when the list would be officially adopted.

65. **Ms. Oviedo Fierro** asked what kind of follow-up was ensured by the Government to monitor the situation of children lacking parental care who were placed in the custody of close relatives or other persons.

66. **Ms. Onesemo-Tuilaepa** (Samoa) said that the situation of children lacking parental care and living with close relatives had not emerged as a specific problem. In the current framework, the Government did not have the legal authority to monitor the situation of such children, but a new law was being drafted that would address that void and define situations in which intervention would be authorized, in particular, if a child was deemed to be in a situation of risk. The list of hazardous types of employment prohibited for children was already applied by the inspectorate division of the Ministry of Commerce, Industry and Labour, pursuant to the 2013 Labour and Employment Relations Act.

67. **Ms. Ayoubi Idrissi**, noting that the 2009 Education Act prohibited children from working as street vendors or hawkers during school hours only, asked what provisions applied at other times, and whether any provisions applied specifically to street children. The delegation should also describe the Government's policy for the treatment of children whose mothers were deprived of their liberty. Were the children allowed to remain with their mothers and, if so, until what age?

68. **Mr. Kotrane** asked whether the Government intended to ratify the ILO Maternity Protection Convention, 2000 (No. 183) or to take any other measures to raise the amount of maternity leave to an acceptable level.

69. **Ms. Onesemo-Tuilaepa** (Samoa) said that there was a long list of international instruments that the Government wished to ratify but that the country had limited resources and capacities and it would be detrimental to accede to international conventions without preparing the groundwork for proper implementation and compliance. ILO Convention No. 183 would hopefully be ratified by the next time Samoa was due to submit a report for consideration by the relevant treaty body or under the universal periodic review mechanism.

70. There were currently no legislative guidelines for the treatment of children whose mothers were deprived of their liberty, and the conditions of detention were thus

established at the discretion of the Ministry of Police and Prisons. The Government was aware of the requirements in respect of such conditions, both under the Convention and under the Convention on the Elimination of All Forms of Discrimination against Women, and was working, in particular with support from the New Zealand Department of Corrections, to draw up relevant guidelines. The Child Care and Protection Bill would fill the gaps left by the 2009 Education Act and make it possible for the Government to prohibit hawking and vending by children outside of school hours and in any situation where a child was deemed to be at risk. The Government had adopted a two-pronged approach, which placed importance also on combating the economic precariousness that sustained the need for children to carry out such activities.

71. **Ms. Sandberg**, noting the progress made towards ensuring children's rights in Samoa, asked whether the general atmosphere in the country was as positive and optimistic as the portrayal given by the delegation. The Government's view that sexual and reproductive health education should be left for parents to teach was unrealistic. Samoan society was very religious and traditional, and even in countries with less attachment to such values, experience had shown that parents were often ill equipped to educate their children about sexual and reproductive health.

72. **Ms. Onesemo-Tuilaepa** (Samoa) said that the Samoan approach to sexual and reproductive health was not set in stone. Samoan society was changing, and as part of the adaptation process, the authorities had to search for the most effective means to educate the country's children about sexual and reproductive health, drawing on the best of local traditions and culture, adapting them and combining them with the best of whatever could be learned from others. It would be easy to fall into a sense of pessimism in view of the challenges that the country — a tiny dot in the Pacific Ocean — had to face. However, in comparison with the far more serious problems plaguing many other countries, Samoans had reason to be optimistic. There was no option other than a positive approach. Samoan culture had aspects that could be harnessed for the betterment of the country.

73. **Ms. Khazova** asked whether any training was provided to help parents teach sexual and reproductive health to their children. Was it included in the Government's positive parenting programme? The Committee had observed that parents in all countries required guidance and training in that area.

74. **Ms. Onesemo-Tuilaepa** (Samoa) said that Government programmes, including its positive parenting programmes, had for the past five years integrated training for parents. Targeting parents in local communities, the programmes were designed to give them the knowledge and skills required to hold the necessary conversations with their children. A review currently under way prior to the formulation of the next Community Sector Plan would include an evaluation of the effectiveness of those programmes.

75. **Ms. Barlow-Schuster** (Samoa) said that the Samoa Family Health Association had previously been managed by staff with very set opinions about the best sexual and reproductive health approaches but that it had since evolved. Currently it had an ambitious 10-year strategic plan that was much more progressive in nature and broader in scope than its previous work plans. The Association now implemented a peer support system that linked teenage mothers with others who had undergone similar experiences, at all times respecting confidentiality. It was thus possible to hold more effective conversations than might be imaginable in a home or school setting. The strategic plan addressed issues such as HIV/AIDS, screening for STDs and family planning — an issue that just a few years previously had been taboo. Thus, local solutions were sometimes successful and could effectively change mindsets.

76. **Mr. Devoe** (Samoa) said that as Samoa was a Christian country, it was considered important for parents to instil certain values in their children. That transmission of values encompassed all aspects of family life.

77. **Mr. Gurán** asked what impact the Internet had had on young people in Samoa and what efforts had been made to ensure its safe use.

78. **Ms. Barlow-Schuster** (Samoa) said that a technology infrastructure plan was currently being implemented and that an ambitious, five-year fibre-optic cable installation programme would soon begin. Efforts were under way to determine how to drive economic empowerment using the new information and communication technologies that should improve living standards and create employment. It was recognized that training in responsible use should accompany the roll-out of Internet service in rural areas and schools. However, finding the personnel to provide such training was in itself a challenge, as the elder generation of Samoans was not particularly proficient in the use of new technologies.

79. **Mr. Gurán** said that in his time on the Committee he had rarely seen a delegation provide such comprehensive replies to all the questions raised during the dialogue. Clearly, the Government was committed to the rights of the child and Samoa was on the right track to ensure respect of those rights. The Government must continue its efforts to bring its legislation fully into line with the Convention and must also work to improve education and health services and reduce the high levels of family and school violence affecting children. In the light of the specific constraints faced by Samoa, the Committee recognized the need for adequate financing, and above all appropriate human resources, to be available in order to guarantee children's rights in the country.

80. **Ms. Stowers-Ah Kau** (Samoa) thanked the Committee for the constructive dialogue and the attention it had given to the situation of children's rights in Samoa. Emphasizing that the Government of Samoa was committed to fulfilling its obligations under the Convention and looked forward to receiving the Committee's recommendations, she suggested, in the spirit of dialogue, that the Committee might reconsider its procedures in respect of the conveyance of members' questions. It would perhaps be advisable to pose questions in advance so as to permit delegations, especially those from countries with limited access to information and those in geographically isolated areas, to respond more effectively and in a less stressful manner to the concerns and questions raised by the Committee. Such a procedure was currently employed in the universal periodic review mechanism, for example.

81. **The Chair** said that the Committee considered reports from all the States parties to the Convention and that its position had always been that no country had a perfect record of compliance with the Convention. The Committee's work consisted in pushing the States parties to do better. He expressed the Committee's gratitude for the very recent ratification by Samoa of the three optional protocols and said that the very impressive commitment shown by the delegation bode well for the State party's consideration of the Committee's concluding observations.

*The meeting rose at 12.45 p.m.*